

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57 0 2 3 1 5 0  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1497

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Olivette</b> TOWN		c. CITY OR TOWN <b>Olivette</b> 438 P. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>9311 Old Bonhomme</b> INSTITUTION		Length of stay in lb <b>36 yrs.</b>	
d. STREET ADDRESS <b>9311 Old Bonhomme</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>LENA</b> Middle <b>VOLLAND</b> Last <b>GRUENDLER</b>		4. DATE OF DEATH Month <b>June</b> Day <b>11</b> Year <b>1957</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 11, 1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John Volland</b>		14. MOTHER'S MAIDEN NAME <b>Christina Beiderman (husband Gustav J. Gruendler)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Louis J. Gruendler, 9310 Old Bonhomme</b>		Address:	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Breast Carcinoma - Metastases</b> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <b>Cardiac failure</b> DUE TO (c) <b>Arteriosclerotic Heart disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b> <b>2 wks.</b> <b>4 yrs.</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.) <b>170X</b>	
20c. TIME OF INJURY Hour <b>11:00</b> a. m. Month <b>Sept.</b> Day <b>11</b> Year <b>1957</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office building, etc.) <b>Home</b>	
20e. CITY, TOWN, OR LOCATION <b>St. Louis</b>		COUNTY <b>St. Louis</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>Sept. 1953</b> to <b>June 11, 1957</b> and I last saw her alive on <b>June 11, 1957</b> Death occurred at <b>7:20 A.M.</b> on the date stated above, and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) <b>Thomas Ciampa M.D.</b>	
22b. ADDRESS <b>114 E. Lockwood Metairie Grove 19, Mo.</b>		22c. DATE SIGNED <b>6/11/57</b>	
23a. BURIAL, CREMATION, REPOSAL (Specify) <b>burial</b>		23b. DATE <b>6/13/1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Hiram Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
24. FUNERAL DIRECTOR <b>Alexander &amp; Sons, 6175 Delmar Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>6-12-57</b>	
26. REGISTRAR'S SIGNATURE <b>Herbert B. Dombke M.D.</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *27*

P. O. Address *617 52*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.